



Health Services

101 W. Abram St., 2nd Floor
Arlington, TX 76010
817-459-6502

Fees

Installation\$250
Repair.....\$150
Real Estate Inspection..\$125

Health Services Use Only

Receipt / Permit # _____ Amount Paid _____

Approved By: _____ Date _____

Application for On-Site Sewage Facility Permit

ALL FIELDS MUST BE COMPLETED; PRINT MUST BE LEGIBLE.

Address of Property: _____

Lot _____ Block _____ Subdivision _____

Property Owner: _____ (_____) _____
(owner phone number)

Water Source: Private Well Public Water Supply

Residential: No. of Bedrooms _____ No. of Bathrooms _____ Sq. Ft. _____

Non-Residential: Type of Business _____

Estimated Water Usage: _____ Gals/Day Average Number of Users/Day _____

Site Evaluator: Name _____

TNRCC# _____ Phone (_____) _____

Site Suitable: ____Y or ____N Soil Class _____ Type of System _____

Attach a copy of the site evaluation and site plan with this application.

Installer: Name _____

TNRCC# _____ Phone (_____) _____

- * A permit is required in order to install, construct, alter, extend, repair or operate any on-site sewage facility.
- No permit for installation or repair will be issued for a facility that is within 500 ft of Sanitary Sewer Service without permission from both Health Services and Engineering Services.
- Health Services must review and approve the site plan before the work begins. A signed copy of this application will be returned to the owner to authorize the construction or repair of the system.

Signature of Property Owner _____ Date _____